

RETURN AFFIDAVIT TO:  
MINORITY BUSINESS ENTERPRISE OFFICE  
MARYLAND DEPARTMENT OF TRANSPORTATION  
7201 CORPORATE CENTER DRIVE  
P.O. BOX 548  
CORPORATE CENTER DRIVE  
HANOVER, MARYLAND 21076  
410-865-1269  
1-800-544-6056



Maryland Department of Transportation

Complete all items, if an  
item does not apply, mark  
"N.A."

Use separate sheet(s) for  
additional information.

MARYLAND DEPARTMENT OF TRANSPORTATION  
MINORITY BUSINESS ENTERPRISE DISCLOSURE AFFIDAVIT

(Sole Proprietor)

Application is hereby made by the individual (organization) identified below for certification as a Minority Business Enterprise under the MBE Program of the Maryland Department of Transportation pursuant to Title 14, Subtitle 3 of the State Finance and Procurement Article of the Annotated Code of Maryland and 49 Code of Federal Regulations Part 23.

1. NAME AND ADDRESS: (Company/Individual)

Name: \_\_\_\_\_

dba: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Internet  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. CONTACT PERSON:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. NAME AND ADDRESS OF CPA OR ACCOUNTANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. NAME AND ADDRESS OF ATTORNEY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ (Continued on the right)

2. CONTROLLING INTEREST: (check appropriate box)

- ☐ African American ☐ Alaskan Native ☐ U.S. Citizen  
☐ Hispanic ☐ Asian American ☐ Resident Alien  
☐ Native American ☐ \*Non-Profit ☐ DBE  
☐ Female ☐ \*Disabled

\* Not accorded minority status on Federally funded projects.

5. (Continued) ADDRESS OF ATTORNEY:

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. DATE BUSINESS STARTED: \_\_\_\_\_

7. IS YOUR FIRM OWNED IN FULL OR IN PART BY ANOTHER  
PERSON OR COMPANY?

IF YES, PROVIDE DETAILS: ☐ YES ☐ NO

8. HAVE YOU (YOUR FIRM) BEEN APPROVED BY THE FEDERAL  
SMALL BUSINESS ADMINISTRATION 8(A) PROGRAM?

☐ YES ☐ NO IF YES, SUBMIT COPY OF APPROVAL LETTER.

9. HAVE YOU BEEN ISSUED A PERFORMANCE BOND?

☐ YES, HOW MUCH? \_\_\_\_\_  
☐ NO

10. WHO DOES YOUR OFFICE WORK?

11. LIST PRODUCT(S) OR SERVICE(S) OFFERED, BE SPECIFIC: IF KNOWN, LIST STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE AND/OR  
NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE NUMBER FOR EACH ITEM LISTED.

12. LIST CURRENT NUMBER OF EMPLOYEES ON PAYROLL.  
(DO NOT LIST EMPLOYEES TWICE)

	FULL TIME	PART-TIME
ADMINISTRATIVE	_____	_____
CLERICAL	_____	_____
SUPERVISORY	_____	_____
EQUIPMENT OPERATOR	_____	_____
SKILLED LABOR	_____	_____
UNSKILLED LABOR	_____	_____

16. DRIVERS LICENSE NO.: \_\_\_\_\_

17. A. WHO DOES THE BIDDING AND ESTIMATING?

B. WHO DETERMINES WHAT JOBS YOUR COMPANY WILL  
UNDERTAKE AND WHO SIGNS THE CONTRACT?

13. ARE EMPLOYEE PAYROLL REPORTS BEING FILED WITH  
STATE AND FEDERAL AGENCIES? ☐ YES ☐ NO

PLEASE SUBMIT THE LAST FOUR (4) QUARTERLY REPORTS.

14. FEDERAL ID NO.: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

MD EMPLOYER NO.: \_\_\_\_\_

15. HAVE YOU PREVIOUSLY APPLIED FOR OR BEEN MDOT  
DENIED/CERTIFIED? ☐ YES ☐ NO

IF AN OUT-OF-STATE FIRM, DO YOU HOLD A CURRENT MBE  
CERTIFICATION IN YOUR HOME STATE? ☐ YES ☐ NO  
(SEE ITEM #25J)

18. WHO IS RESPONSIBLE FOR ON-SITE PROJECT SUPERVISION?

19. LIST EQUIPMENT OWNED BY YOUR COMPANY:

FORM D-EEO-029A (APRIL - 1997)

A material misstatement of fact is sufficient cause for  
denial of certification. The affiant is subject to penalties  
for perjury and false statements made in the affidavit.

D-EEO-029-A(5-03)

**20. IDENTIFY YOUR BONDING COMPANY, BANK AND INSURANCE COMPANY.**

BONDING COMPANY	BANK	INSURANCE

**21. WHO NEGOTIATES FOR SURETY BONDS AND SIGNS FOR INSURANCE & PAYROLL?**

SURETY AND/OR PERFORMANCE BONDS	PAYROLL	INSURANCE

**22. LIST THE 3 LARGEST PROJECTS IN DOLLAR AMOUNTS COMPLETED BY YOUR BUSINESS DURING THE LAST THREE YEARS. INDICATE IF YOU PROVIDED THESE SERVICES AS A CERTIFIED MBE.**

**(1) A. PRIME CONTRACTOR:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**B. PROJECT IDENTIFICATION:** \_\_\_\_\_

**C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT:** \_\_\_\_\_

YOUR SHARE OF THE MBE PORTION: \_\_\_\_\_

**D. TYPE OF WORK PERFORMED (USE SIC CODES, IF KNOWN):** \_\_\_\_\_

**(2) A. PRIME CONTRACTOR:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**B. PROJECT IDENTIFICATION:** \_\_\_\_\_

**C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT:** \_\_\_\_\_

YOUR SHARE OF THE MBE PORTION: \_\_\_\_\_

**D. TYPE OF WORK PERFORMED (USE SIC CODES, IF KNOWN):** \_\_\_\_\_

**(3) A. PRIME CONTRACTOR:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**B. PROJECT IDENTIFICATION:** \_\_\_\_\_

**C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT:** \_\_\_\_\_

YOUR SHARE OF THE MBE PORTION: \_\_\_\_\_

**D. TYPE OF WORK PERFORMED (USE SIC CODES, IF KNOWN):** \_\_\_\_\_

**23. LIST ALL SOURCES AND AMOUNT OF MONEY LOANED TO YOUR COMPANY:**

**24. ALL ORAL AND TACIT AGREEMENTS SHALL BE REDUCED TO WRITING AND SUBMITTED WITH THIS AFFIDAVIT. IF THERE ARE NO WRITTEN, ORAL OR TACIT AGREEMENTS CONCERNING THE OPERATION OF THE COMPANY, PLEASE AFFIRM BY SIGNING BELOW.**

"THERE ARE NO WRITTEN, ORAL OR TACIT AGREEMENTS  
 CONCERNING THE OPERATION OF THIS COMPANY BETWEEN ANY  
 PERSONS ASSOCIATED WITH THE BUSINESS."

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

FORM-D-EEO-029B (APRIL - 1997)  
 A material misstatement of facts is sufficient cause for  
 denial of certification. The affiant is subject to penalties  
 for perjury and false statements made in the affidavit.

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED: (AND ANY AMENDMENTS THERE TO) PLEASE CHECK EACH ITEM SUBMITTED/INCLUDED.

FOR A SOLE PROPRIETOR:

- ☐ A. DISCLOSURE AFFIDAVIT (NOTARIZED)
- ☐ B. CURRENT FINANCIAL STATEMENT (NO OLDER THAN ONE YEAR)
- ☐ C. COMPLETE FEDERAL TAX RETURNS FOR THE MOST CURRENT THREE YEARS (INCLUDING ALL SCHEDULES)
- ☐ D. PROOF OF CAPITAL INVESTED; i.e. CANCELLED CHECKS ALONG WITH APPLICABLE DEPOSIT SLIPS, OR IF THE FIRM HAS BEEN IN BUSINESS FOR MORE THAN FIVE YEARS, A WRITTEN NOTARIZED STATEMENT DESCRIBING HOW THE BUSINESS WAS CAPITALIZED
- ☐ E. AGREEMENTS, SUCH AS FINANCIAL (WITH PROOF OF REPAYMENT), RENTAL, LEASE OR ANY OTHER TYPE OF FORMAL WRITTEN AGREEMENTS WHICH HAVE BEEN ENTERED INTO BETWEEN YOU AND ANOTHER PARTY OR PARTIES WHICH AFFECT THE OPERATION OF THE BUSINESS
- ☐ F. BUSINESS PLAN (IF IN BUSINESS LESS THAN ONE YEAR)
- ☐ G. LICENSE TO DO BUSINESS, IF APPLICABLE (PROFESSIONAL, IF REQUIRED)
- ☐ H. PROOF OF MINORITY STATUS FOR ALL "KEY" PERSONNEL (e.g., COPY OF BIRTH CERTIFICATE, DRIVER LICENSE, PASSPORT, CERTIFICATE OF NATURALIZATION)
- ☐ I. TITLE, REGISTRATION AND CURRENT INSURANCE CARRIERS AND POLICY NUMBERS FOR ALL VEHICLES OWNED BY THE COMPANY
- ☐ J. COPIES OF EACH MBE CERTIFICATION OR DENIAL OF CERTIFICATION BY OTHER AGENCIES OR JURISDICTIONS, IF APPLICABLE.

**IF NOT A MARYLAND BUSINESS, COPIES OF YOUR HOME STATE CERTIFICATION LETTER AND ON-SITE REPORT MUST ACCOMPANY YOUR REQUEST FOR MARYLAND CERTIFICATION**

FOR A SOLE PROPRIETOR (CONT.):

- ☐ K. RESUME FOR ALL KEY PERSONNEL (OWNERS, OFFICERS) SHOWING EDUCATION, TRAINING AND EMPLOYMENT WITH DATES
- ☐ L. YOUR SOCIAL SECURITY NUMBER AND/OR FEDERAL ID NO.
- ☐ M. LIST MAJOR EQUIPMENT OWNED BY TYPE AND QUANTITY
- ☐ N. UNEMPLOYMENT QUARTERLY REPORTS FOR THE LAST FOUR QUARTERS
- ☐ O. COMPLETED ADDENDUM TO CERTIFICATION (PERSONAL NET WORTH FORM)
- ☐ P. COMPLETED STATEMENT OF DISADVANTAGE FORM.
- ☐ Q. BUSINESS TRADE NAME REGISTRATION (IF APPLICABLE)

FOR RECERTIFICATION

- ☐ A. CURRENT FINANCIAL STATEMENT (NO OLDER THAN ONE YEAR)
- ☐ B. MOST RECENT FEDERAL TAX RETURN WITH ALL SCHEDULES
- ☐ C. ON A SEPARATE SHEET LIST ALL MARYLAND STATE CONTRACTS AND SUBCONTRACTS AWARDED TO YOUR BUSINESS; IF NONE AWARDED, SO STATE.
- ☐ D. A COMPLETED ADDENDUM TO CERTIFICATION FORM (PERSONAL NET WORTH FORM).

**FREEDOM OF INFORMATION:**

THE RELEASE OF STATE DOCUMENTS IS GOVERNED BY THE APPROPRIATE FEDERAL AND STATE REGULATIONS.

- FRAUD -

A PERSON MAY NOT:

FRAUDULENTLY OBTAIN, ATTEMPT TO OBTAIN OR RETAIN, OR AID ANOTHER IN FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN OR RETAIN CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE FOR THE PURPOSE OF THIS SUBTITLE:

WILLFULLY MAKE A FALSE STATEMENT, WHETHER BY AFFIDAVIT, REPORT, OR OTHER REPRESENTATION, TO A STATE OFFICIAL OR EMPLOYEE FOR THE PURPOSE OF INFLUENCING THE CERTIFICATION OR DENIAL OF CERTIFICATION OF ANY ENTITY AS A MINORITY BUSINESS ENTERPRISE;

FRAUDULENTLY OBTAIN, ATTEMPT TO OBTAIN, OR AID ANOTHER PERSON IN FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN, PUBLIC MONIES TO WHICH THE PERSON IS NOT ENTITLED UNDER THIS SUBTITLE.

ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SUBSECTION IS GUILTY OF A FELONY AND UPON CONVICTION IS SUBJECT TO IMPRISONMENT FOR A PERIOD OF NOT MORE THAN 5 YEARS, OR A FINE OF NOT MORE THAN \$10,000.00 OR BOTH.

A PERSON MAY NOT WILLFULLY MAKE FALSE STATEMENTS THAT ANY ENTITY IS OR IS NOT CERTIFIED AS A MINORITY BUSINESS ENTERPRISE FOR PURPOSE OF THIS SUBTITLE. ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SUBSECTION IS GUILTY OF A MISDEMEANOR AND UPON CONVICTION IS SUBJECT TO IMPRISONMENT FOR A PERIOD OF NOT MORE THAN 6 MONTHS, OR A FINE OF NOT MORE THAN \$500.00 OR BOTH. (TITLE 14-308 OF THE STATE FINANCE AND PROCUREMENT ARTICLE OF THE ANNOTATED CODE OF MARYLAND).

I HAVE READ FRAUD STATUE.

SIGNATURE OF APPLICANT

FORM D-EEO-029C (APRIL - 1997)

A material misstatement of fact is sufficient cause for denial of certification. The affiant is subject to penalties for perjury and false statements made in the affidavit.

THIS DISCLOSURE AFFIDAVIT INCLUDES ALL MATERIAL INFORMATION NECESSARY TO IDENTIFY AND TO EXPLAIN THE OPERATIONS OF  
(NAME OF BUSINESS)

(HEREINAFTER "APPLICANT") IN ORDER TO DETERMINE IF APPLICANT IS A BONAFIDE MINORITY BUSINESS ENTERPRISE WHICH IS OWNED AND CONTROLLED BY MINORITIES IN ACCORDANCE WITH THE REQUIREMENTS OF THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE PROGRAM MANUAL. FURTHER, THE UNDERSIGNED DOES COVENANT AND AGREE TO PROVIDE THE MARYLAND DEPARTMENT OF TRANSPORTATION INFORMATION REGARDING ACTUAL WORK PERFORMED ON A MARYLAND DEPARTMENT OF TRANSPORTATION PROJECT, THE PAYMENT THEREFORE, AND ANY PROPOSED CHANGES IN ANY OF THE ARRANGEMENTS HEREINABOVE STATED AND TO PERMIT AN AUDIT, TO INCLUDE INTERVIEW OF PRINCIPALS, EMPLOYEES, AND OFFICERS AND AN EXAMINATION OF THE BOOKS, RECORDS, AND FILES OF THE APPLICANT BY AUTHORIZED REPRESENTATIVES OF THE MARYLAND DEPARTMENT OF TRANSPORTATION OR THE FEDERAL GOVERNMENT PRIOR TO AND AFTER INCLUSION IN THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISES DIRECTORY AS DEEMED NECESSARY.

**I ACKNOWLEDGE AND AGREE THAT REPRESENTATIVES OF THE MARYLAND DEPARTMENT OF TRANSPORTATION SHALL BE PERMITTED TO MAKE INQUIRIES OF CREDIT BUREAUS, BANKS, LENDING INSTITUTIONS, BONDING COMPANIES, VENDORS, SUPPLIERS, INSURANCE COMPANIES, AND PRIOR AND CURRENT CONTRACTORS CONCERNING THE FINANCIAL RESPONSIBILITY OF APPLICANT.**

I ACKNOWLEDGE THAT THIS AFFIDAVIT IS TO BE FURNISHED TO THE SECRETARY OF THE MARYLAND DEPARTMENT OF TRANSPORTATION AND MAY BE DISTRIBUTED TO THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE ADVISORY COMMITTEE AND MAY ALSO BE DISTRIBUTED TO BOARDS, COMMISSIONS, ADMINISTRATIONS, DEPARTMENTS AND AGENCIES OF: (1) THE STATE OF MARYLAND; AND (2) COUNTIES OR OTHER SUBDIVISIONS OF THE STATE OF MARYLAND; AND (3) OTHER STATES; AND (4) THE FEDERAL GOVERNMENT. I FURTHER ACKNOWLEDGE THAT THIS AFFIDAVIT IS SUBJECT TO APPLICABLE LAWS OF THE UNITED STATES AND THE STATE OF MARYLAND, BOTH CRIMINAL AND CIVIL, AND THAT NOTHING IN THIS AFFIDAVIT SHALL BE CONSTRUED TO SUPERSEDE, AMEND, MODIFY, OR WAIVE ON BEHALF OF THE MARYLAND DEPARTMENT OF TRANSPORTATION, THE MARYLAND BOARD OF PUBLIC WORKS AND ANY OTHER OFFICE OR AGENCY OF THE STATE OF MARYLAND HAVING JURISDICTION, THE EXERCISE OF ANY STATUTORY RIGHT OR REMEDY CONFERRED BY THE CONSTITUTION AND THE LAWS OF MARYLAND IN RESPECT TO ANY MISREPRESENTATION MADE OR ANY VIOLATION OF THE OBLIGATIONS, TERMS AND COVENANTS UNDERTAKEN BY THE ABOVE FIRM IN RESPECT TO THIS AFFIDAVIT.

**I ACKNOWLEDGE AND AGREE THAT THE APPLICANT WILL BE REQUIRED TO APPEAR FOR INTERVIEW BY THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE ADVISORY COMMITTEE.**

I ACKNOWLEDGE THAT THE ELIGIBILITY OF THE APPLICANT FOR CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE WILL BE DETERMINED AS OF THE DATE OF THE DISCLOSURE AFFIDAVIT, BASED ON THE INFORMATION AND DOCUMENTATION SUBMITTED HEREWITH, ANY CHANGES IN OWNERSHIP OR CONTROL MAY NOT BE CONSIDERED IN DETERMINING ELIGIBILITY.

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.**

DATE (MMDDYYYY)

SIGNATURE OF APPLICANT

TITLE

**NOTARY CERTIFICATE**

STATE OF: \_\_\_\_\_ COUNTY (CITY) OF: \_\_\_\_\_

ON THE: \_\_\_\_\_ OF \_\_\_\_\_ BEFORE ME, \_\_\_\_\_  
(DAY) (MONTH) (YEAR)

THE UNDERSIGNED OFFICER, PERSONALLY APPEARED \_\_\_\_\_  
KNOWN TO ME TO BE THE PERSON DESCRIBED IN THE FOREGOING AFFIDAVIT AND ACKNOWLEDGED THAT HE (SHE) EXECUTED THE SAME IN THE CAPACITY THEREIN STATED AND FOR THE PURPOSES THEREIN CONTAINED AND THAT THE STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT. IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC \_\_\_\_\_

SEAL

MY COMMISSION EXPIRES \_\_\_\_\_

TTY (410) 865-1342; Indicate any special needs or alternative format request  
(interpreter, large print, Braille, etc.) by calling:

VOICE  
(410) 865-1269  
1-800-544-6056

TTY  
(410) 865-1342

FAX NUMBER  
(410) 865-1309

INTERNET  
www.mdot.state.md.us

FORM D-EEO-029d (APRIL - 1997)  
A material misstatement of fact is sufficient cause for denial of certification. The affiant is subject to penalties for perjury and false statements made in the affidavit.



Maryland Department of Transportation

OMB APPROVAL NO. 3245-0188  
EXPIRATION DATE: 11/30/2004

PERSONAL FINANCIAL STATEMENT

As of Date: \_\_\_\_\_

Name	<input type="text"/>		Business Phone	<input type="text"/>
Residence Address	<input type="text"/>		Residence Phone	<input type="text"/>
City	<input type="text"/>	State <input type="text"/>	Zip Code	<input type="text"/>
Business Name of Applicant/Borrower	<input type="text"/>			

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks .....	\$	<input type="text"/>	Accounts Payable .....	\$	<input type="text"/>
Savings Accounts .....	\$	<input type="text"/>	Notes Payable to Banks and Others..... (Describe in Section 2)	\$	<input type="text"/>
IRA or Other Retirement Account .....	\$	<input type="text"/>	Installment Account (Auto).....		
Accounts & Notes Receivable .....	\$	<input type="text"/>	Mo. Payments \$ <input type="text"/>	\$	<input type="text"/>
Life Insurance-Cash Surrender Value Only .....	\$	<input type="text"/>	Installment Account (Other).....		
(Complete Section 8)			Mo. Payments \$ <input type="text"/>	\$	<input type="text"/>
Stocks and Bonds .....	\$	<input type="text"/>	Loan on Life Insurance .....	\$	<input type="text"/>
(Describe in Section 3)			Mortgages on Real Estate .....	\$	<input type="text"/>
(Do not include ownership interest in applicant firm.)			(Describe in Section 4)		
Real Estate .....	\$	<input type="text"/>	(Do not include primary residence.)		
(Describe in Section 4)			Unpaid Taxes .....	\$	<input type="text"/>
(Do not include primary residence.)			(Describe in Section 6)		
Automobile-Present Value .....	\$	<input type="text"/>	Other Liabilities.....	\$	<input type="text"/>
Other Personal Property .....	\$	<input type="text"/>	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities.....	\$	<input type="text"/>
Other Assets.....	\$	<input type="text"/>	Net Worth .....	\$	<input type="text"/>
(Describe in Section 5)					
Total	\$	<input type="text"/>			

Section 1.	Source of Income	Contingent Liabilities	
Salary .....	\$ <input type="text"/>	As Endorser or Co-Maker .....	\$ <input type="text"/>
Net Investment Income.....	\$ <input type="text"/>	Legal Claims & Judgments.....	\$ <input type="text"/>
Real Estate Income .....	\$ <input type="text"/>	Provision for Federal Income Tax .....	\$ <input type="text"/>
Other Income (Describe below)*.....	\$ <input type="text"/>	Other Special Debt .....	\$ <input type="text"/>

Description of Other Income in Section 1.


\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

**Section 4. Real Estate Owned.**

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.)

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**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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**Section 7. Other Liabilities.** (Describe in detail.)

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**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

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I authorized MDOT/MBE to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of their obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

# STATEMENT OF DISADVANTAGE

Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias within American society because of their identities as members of groups and without regard to their individual qualities. Economically disadvantaged individuals are socially disadvantaged individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged. An individual whose personal net worth exceeds one million five hundred four thousand five hundred eighty-five dollars (\$1,504,585) is not economically disadvantaged.

I hereby certify that I have read and understand the above statement and that I am both socially and economically disadvantaged.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

STATE OF MARYLAND

\_\_\_\_\_  
COUNTY

)  
)  
)

TO WIT:

I HEREBY CERTIFY, that on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before the subscriber, a notary public of the State of Maryland, in and for the County aforesaid, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

## **BUSINESS PLAN**

The Business Plan describes a company's past and current operations, and projects how the company will obtain its future goals.

### **Section I - General Information**

**A. Business Description:**

1. Business Name: \_\_\_\_\_

2. Office Address: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

3. Field Address: \_\_\_\_\_

Field Telephone Number: \_\_\_\_\_

**B. Major Equipment Owned and Storage Location:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**C. Market and Competition - Identify your firm's market area and five competitors within that market area (e.g., Baltimore City, Baltimore County, etc.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**D. Identify your company's management team and their areas of expertise.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do any of the members of the management team have other employment?**

\_\_\_\_\_



- E. Business Goals - Indicate your expectations for the growth of your business for the next year.

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**Section II - Products and/or Services**

- A. Give a description of each product and/or service provided by your company. Indicate also the Standard Industrial Classification (SIC)/North American Industry Classification System Code for each item (if known).

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- B. List the names of suppliers and/or equipment rental services you have utilized.

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**Section III - Marketing Strategy**

- A. Describe your overall marketing strategy to include the following: the kinds of customers you intend to contact; means of contact; what aspect of your product or service you will emphasize in your selling plan (price, quality of service, etc.)

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**Section IV - Additional Employees/Equipment**

- A. List sources used for hiring additional employees when needed.

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- B. List sources used for leasing/procuring/acquiring additional equipment.

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